

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF DEATH

FILL OUT COMPLETELY, ACCURATELY, AND LEGIBLY WITH INK OR TYPEWRITER

Province Neg. Occ.

Register Number:

City or Municipality Bacoloed City

(a) Civil Registrar-General No. _____

(b) Local Civil Registrar No. 1243

1. PLACE OF DEATH:

a. PROVINCE Neg. Occ.b. CITY OR TOWN Bacoloed City c. LENGTH OF STAY _____d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution) Bo. Camingawan

2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. PROVINCE Neg. Occ.b. CITY OR TOWN Bacoloed Cityc. ADDRESS STREET OR BARRIO Bo. Camingawan

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

PaulinoPamoseno

4. DATE OF DEATH:

(Month) June (Day) 24, 1975

5. SEX

Male

6. RACE

Fil.

7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED OR SEPARATED (Specify)

Married

8. DATE OF BIRTH

June 23, 1898

9. AGE

(Years) 77

IF UNDER 1 YEAR

(Months) _____

IF UNDER 24 HOURS

(Hours) _____ (Minutes) _____

10. a. USUAL OCCUPATION

(State nature and character) Retired

10. b. GIVE SPECIFIC BUSINESS OR INDUSTRY

11. BIRTHPLACE (Philippines or foreign country)

a. CITY OR TOWN

b. PROVINCE

Panit-an, Iloilo

12. CITIZEN OF WHAT COUNTRY

Philippines

13. FATHER'S NAME (Write plainly in full)

Unknown

14. MOTHER'S MAIDEN NAME (Write plainly in full)

Unknown

15. IF MARRIED, NAME AND ADDRESS OF SURVIVING SPOUSE

Diosdada Bayadog (D)

16. INFORMANT: a. (Signature)

b. (Name in Print)

c. (Address)

d. (Relation to deceased)

FERNANDO PAMOSENO

17. CAUSE OF DEATH

Enter only one cause per line (a), (b) and (c).

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

(a)

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not related to the disease or condition causing death.

EXHUMED:MAY 20 2025

19. AUTOPSY

Yes ☐ No ☐
(Findings at the back)

18a. DATE OF OPERATION

18b. MAJOR FINDINGS OF OPERATION

20a. ACCIDENT (Specify)

SUICIDEHOMICIDE

20b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office, building, etc.)

20c. (Town or Street)

(City)

(Province)

20d. TIME OF INJURY

(Month)

(Day)

(Year)

(Hour)

20e. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

20f. HOW DID INJURY OCCUR?

21. I HEREBY CERTIFY that the foregoing particulars are correct as near as the same can be ascertained, and I further certify that I have/not attended the deceased from _____, 19____, to _____, 19____, that death occurred at _____ m., from the causes and on the date stated above.

22(a) CERTIFIED CORRECT BY:

22(b)

☐ Private Physician

(Signature) _____

☐ Public Health Officer

(Full name in printed letters)

☐ Hospital authorities

(Address)

(Date)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Province (City, town)

6-24-75Catholic CemeteryBacoloed City

24. DATE RECEIVED BY LOCAL CIVIL REGISTRAR

24a. REGISTRAR'S SIGNATURE (Name in print)

24b. BURIAL PERMIT No.

122086

ISSUED ON

TRANSIT PERMIT No.

122086

ISSUED ON

By _____

CERTIFIED MACHINE COPY
ISSUED AT BACOLOED CITY OF
MAY 20 2025W. HERMILO B. PA-UYON
CITY CIVIL REGISTRAR

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have this _____ day of _____, 19____ performed an autopsy upon the body of the deceased, _____, and that the cause of death was as follows: _____
(Name of deceased)

(Signature) _____

(Name in print) _____

(Title) _____

(Address) _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ after having followed all the regulations prescribed by the Bureau of Health.
(Name of deceased)

(Signature) _____

(Name in print) _____

(Title) _____

(Address) _____

(License No. _____, issued at _____)

IMPORTANT

1. In filling out this form the attending physician (private doctor) or municipal health officer concerned should be guided by the instructions contained in the MANUAL ON CIVIL REGISTRATION AND VITAL STATISTICS issued by the Civil Registrar General;

2. (a). Under penalty of a fine of not less than ₱10 nor more than ₱200, no human body shall be buried unless the proper death certificate has been presented and filed in the office of the local civil registrar. (Sections 6, and 17 Act 3753).

(b) Any person who shall knowingly make false statements in the forms furnished and shall present the same for entry in the civil register, shall be punished by imprisonment for not less than 1 month nor more than 6 months, or by a fine of not less than ₱200 nor more than ₱500, or both in the discretion of the court. (Section 16, Act 3753).

3. FOETAL DEATHS.—Is death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the foetus does not breath or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Such death must be registered by using the FOETAL DEATH CERTIFICATE, Municipal Form No. 103-A, prescribed for this purpose.